

<i>SERFF Tracking Number:</i>	<i>FEMC-125695164</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-7</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-7/WC-AR-08-7</i>		

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: FEMC-125695164 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC-AR-08-7

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Carolyn Stursa

Disposition Date: 06/13/2008

Date Submitted: 06/13/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC-AR-08-7

Status of Filing in Domicile:

Project Number: WC-AR-08-7

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/13/2008

State Status Changed: 06/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to adopt Item B-1407--Catastrophe Provisions Miscellaneous

Values, Rules and Statistical Codes for all new business and renewals effective

on and after September 1, 2008.

Company and Contact

Filing Contact Information

SERFF Tracking Number: FEMC-125695164 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WC-AR-08-7
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-7/WC-AR-08-7

Carolyn Stursa, Property & Casualty Product cmstursa@fedins.com
Specialist

121 E Park Square (800) 533-0472 [Phone]
Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota
121 East Park Square Group Code: 7 Company Type:
PO Box 328
Owatonna, MN 55060 Group Name: State ID Number:
(800) 533-0472 ext. [Phone] FEIN Number: 41-0417460

Federated Service Insurance Company CoCode: 28304 State of Domicile: Minnesota
121 East Park Square Group Code: 7 Company Type:
PO Box 328
Owatonna, MN 55060 Group Name: State ID Number:
(800) 533-0472 ext. [Phone] FEIN Number: 41-0984698

<i>SERFF Tracking Number:</i>	<i>FEMC-125695164</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-7</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-7/WC-AR-08-7</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	06/13/2008	20845369
Federated Service Insurance Company	\$0.00	06/13/2008	

<i>SERFF Tracking Number:</i>	<i>FEMC-125695164</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>WC-AR-08-7</i>		
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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-7/WC-AR-08-7</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/13/2008	06/13/2008

<i>SERFF Tracking Number:</i>	<i>FEMC-125695164</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-7</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-7/WC-AR-08-7</i>		

Disposition

Disposition Date: 06/13/2008
Effective Date (New): 09/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	FEMC-125695164	State:	Arkansas
First Filing Company:	Federated Mutual Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-AR-08-7		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	WC-AR-08-7/WC-AR-08-7		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Rate	Mutual Workers Compensation & Employers Liability Rates, Misc Values Manual Pages	Approved	Yes
Rate	Service Workers Compensation & Employers Liability Rates, Misc Values Manual Pages	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>FEMC-125695164</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-7</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-7/WC-AR-08-7</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	FEMC-125695164	State:	Arkansas
First Filing Company:	Federated Mutual Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-AR-08-7		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	WC-AR-08-7/WC-AR-08-7		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Mutual Workers Compensation & Employers Liability Rates, Misc Values Manual Pages	F7-F8 (9-1-08)	Replacement	Mutual Misc Values.pdf
Approved	Service Workers Compensation & Employers Liability Rates, Misc Values Manual Pages	F7-F8 (9-1-08)	Replacement	Service Misc Values.pdf

MISCELLANEOUS VALUES

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 - "Taxicab Co. - Drivers" and "Limousine Co. - Drivers":

Employee Operated Vehicles	\$48,893.00
Leased or Rented Vehicles	\$32,595.00

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200.00

Premium Discount Percentages - (See Basic Manual Rule 3-A-19-a). The following premium discounts are applicable to Standard Premiums.

			Premium Discount
First \$	5,000	-	-
Next	95,000	"a"	10.9%
Next	400,000	"b"	12.6%
Over	500,000	"c"	14.4%

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 --

"Executive Officers" and the footnote instructions for Code 9178--"Athletic Team: Non-Contact Sports," Code 9179
"Athletic Team: Contact Sports" and Code 9186"Carnival--Traveling" \$2,500.00

Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 "Executive Officers" \$300.00

7420 -"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"
maximum payroll per week per employee \$750.00

Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421,
the surcharge is \$100 per passenger seat
\$1,000 maximum surcharge per aircraft

Premium Determination for Partners and Sole Proprietors applicable in accordance with Basic Manual Rule
2-E-3 \$31,900.00

Terrorism
Terrorism premium charge per \$100 of total policy payroll \$0.02

Catastrophic (other than Certified Acts of Terrorism)
Terrorism premium charge per \$100 of total policy payroll \$0.02

Per Claim Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.6%	6.1%	5.2%	4.3%	3.6%	2.5%	1.9%
1,000	10.1%	8.1%	6.9%	5.7%	4.8%	3.3%	2.5%
1,500	12.4%	9.9%	8.5%	7.1%	6.1%	4.2%	3.2%
2,000	14.1%	11.4%	9.8%	8.3%	7.1%	5.0%	3.8%
2,500	15.6%	12.7%	11.0%	9.4%	7.9%	5.7%	4.4%
3,000	16.9%	13.8%	12.0%	10.3%	8.8%	6.4%	4.8%
3,500	18.2%	14.8%	12.9%	11.1%	9.5%	7.0%	5.3%
4,000	19.3%	15.8%	13.8%	12.0%	10.2%	7.5%	5.7%
4,500	20.4%	16.7%	14.6%	12.7%	10.9%	8.1%	6.1%
5,000	21.3%	17.6%	15.4%	13.4%	11.5%	8.6%	6.5%

MISCELLANEOUS VALUES

Indemnity Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	1.6%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
1,000	2.1%	1.6%	1.5%	1.4%	1.2%	1.0%	0.8%
1,500	2.9%	2.3%	2.1%	1.9%	1.7%	1.5%	1.1%
2,000	3.6%	2.9%	2.6%	2.5%	2.2%	1.8%	1.4%
2,500	4.2%	3.4%	3.1%	3.0%	2.6%	2.2%	1.6%
3,000	4.8%	3.9%	3.6%	3.3%	3.0%	2.5%	1.9%
3,500	5.4%	4.4%	4.0%	3.7%	3.3%	2.8%	2.1%
4,000	5.8%	4.8%	4.4%	4.1%	3.7%	3.1%	2.3%
4,500	6.3%	5.2%	4.8%	4.4%	4.0%	3.3%	2.6%
5,000	6.8%	5.6%	5.1%	4.8%	4.3%	3.6%	2.8%

Medical Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.3%	5.9%	5.0%	4.1%	3.5%	2.4%	1.7%
1,000	9.8%	7.8%	6.7%	5.5%	4.7%	3.2%	2.3%
1,500	11.8%	9.5%	8.1%	6.8%	5.7%	4.0%	3.0%
2,000	13.3%	10.7%	9.2%	7.8%	6.6%	4.6%	3.5%
2,500	14.5%	11.8%	10.2%	8.6%	7.3%	5.2%	3.9%
3,000	15.6%	12.7%	11.0%	9.4%	7.9%	5.7%	4.3%
3,500	16.5%	13.6%	11.7%	10.0%	8.5%	6.1%	4.7%
4,000	17.5%	14.3%	12.4%	10.6%	9.1%	6.6%	5.0%
4,500	18.3%	15.0%	13.1%	11.3%	9.6%	7.0%	5.3%
5,000	19.0%	15.6%	13.6%	11.7%	10.0%	7.4%	5.6%

United States Longshore and Harbor Workers' Compensation Coverage Percentage

applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual

86%

(Multiply a Non-F classification rate by a factor of 1.86)

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

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Basis of Premium applicable in accordance with the footnote instructions for Code 7370 - "Taxicab Co. - Drivers" and "Limousine Co. - Drivers":

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\$1,000 maximum surcharge per aircraft

Premium Determination for Partners and Sole Proprietors applicable in accordance with Basic Manual Rule
2-E-3 \$31,900.00

Terrorism
Terrorism premium charge per \$100 of total policy payroll \$0.01

Catastrophic (other than Certified Acts of Terrorism)
Terrorism premium charge per \$100 of total policy payroll \$0.01

Per Claim Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.6%	6.1%	5.2%	4.3%	3.6%	2.5%	1.9%
1,000	10.1%	8.1%	6.9%	5.7%	4.8%	3.3%	2.5%
1,500	12.4%	9.9%	8.5%	7.1%	6.1%	4.2%	3.2%
2,000	14.1%	11.4%	9.8%	8.3%	7.1%	5.0%	3.8%
2,500	15.6%	12.7%	11.0%	9.4%	7.9%	5.7%	4.4%
3,000	16.9%	13.8%	12.0%	10.3%	8.8%	6.4%	4.8%
3,500	18.2%	14.8%	12.9%	11.1%	9.5%	7.0%	5.3%
4,000	19.3%	15.8%	13.8%	12.0%	10.2%	7.5%	5.7%
4,500	20.4%	16.7%	14.6%	12.7%	10.9%	8.1%	6.1%
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MISCELLANEOUS VALUES

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1,000	2.1%	1.6%	1.5%	1.4%	1.2%	1.0%	0.8%
1,500	2.9%	2.3%	2.1%	1.9%	1.7%	1.5%	1.1%
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2,500	4.2%	3.4%	3.1%	3.0%	2.6%	2.2%	1.6%
3,000	4.8%	3.9%	3.6%	3.3%	3.0%	2.5%	1.9%
3,500	5.4%	4.4%	4.0%	3.7%	3.3%	2.8%	2.1%
4,000	5.8%	4.8%	4.4%	4.1%	3.7%	3.1%	2.3%
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Medical Only Deductible Credits : The following are applicable by hazard group:

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1,000	9.8%	7.8%	6.7%	5.5%	4.7%	3.2%	2.3%
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2,000	13.3%	10.7%	9.2%	7.8%	6.6%	4.6%	3.5%
2,500	14.5%	11.8%	10.2%	8.6%	7.3%	5.2%	3.9%
3,000	15.6%	12.7%	11.0%	9.4%	7.9%	5.7%	4.3%
3,500	16.5%	13.6%	11.7%	10.0%	8.5%	6.1%	4.7%
4,000	17.5%	14.3%	12.4%	10.6%	9.1%	6.6%	5.0%
4,500	18.3%	15.0%	13.1%	11.3%	9.6%	7.0%	5.3%
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(Multiply a Non-F classification rate by a factor of 1.86)

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

SERFF Tracking Number:	FEMC-125695164	State:	Arkansas
First Filing Company:	Federated Mutual Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	WC-AR-08-7		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	WC-AR-08-7/WC-AR-08-7		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/13/2008
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Comments:

Attachment:

NAIC P&C Transmittal Document PC TD-1.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	06/13/2008
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Bypass Reason: N/A

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	06/13/2008
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Bypass Reason: N/A

Comments:

Satisfied -Name:	Cover Letter	Review Status:	Approved	06/13/2008
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Comments:

Attachment:

AR Cover Leter.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Federated Insurance Companies				Group NAIC #	007
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Federated Mutual Insurance Company	MN	13935	41-0417460			
Federated Service Insurance Company	MN	28304	41-0984698			

5. Company Tracking Number	WC-AR-08-7
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carolyn Stursa PO Box 328 Owatonna MN 55060	P & C Product Specialist	800-533-0472 Ext.: 5290	507-444-6691	cmstursa@fedins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Carolyn Stursa		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard Workers Compensation
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (Item Filing)
14. Effective Date(s) Requested	New: 1-1-2008 Renewal: 1-1-2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item B-1407--Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes
18. Company's Date of Filing	June 13, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	WC-AR-08-7
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Adoption of NCCI approved filing Item B-1407--Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes for all new business and renewals effective on and after September 1, 2008.

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

June 13, 2008

Arkansas Insurance Department

FEDERATED MUTUAL INSURANCE COMPANY

FEDERATED SERVICE INSURANCE COMPANY

Workers Compensation & Employers Liability

- **Adoption of Item B-1407 Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes**
- **Revised Federated Mutual Workers Compensation & Employers Liability Miscellaneous Values page F7-F8 September 1, 2008**
- **Revised Federated Mutual Workers Compensation & Employers Liability Miscellaneous Values page F7-F8 September 1, 2008**

Federated Filing Number: WC-AR-08-7

We ask for your approval of Item B-1407 approved by NCCI to be effective September 1, 2008. We intend to implement in conjunction with Item P-1406—Withdrawal of Endorsement WC 00 01 13 A and Revisions to Endorsement WC 00 04 21 B and WC 00 04 22.

We wish to implement this filing for all Workers Compensation new business and renewals effective on and after September 1, 2008.

Item Number	Circular Number	Effective Date	Description of Item
Item B-1407	CIF-2008-05	9-1-2008	Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes

We trust that our filing meets your requirements and we appreciate your consideration or our filing.

Thank you,



Carolyn Stursa

P & C Product Specialist

Federated Mutual Insurance Company

Federated Service Insurance Company

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